

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 29, 2001 08:00 AM****Secretary of State****DOCUMENT # P99000087820**1. Entity Name  
**PREMIER FACILITY MANAGEMENT, INC.**

Principal Place of Business	Mailing Address
2740 BUSINESS CENTER BLVD.	2740 BUSINESS CENTER BLVD.
UNIT #3	UNIT #3
MELBOURNE FL	MELBOURNE FL
32940	32940

2. Principal Place of Business	3. Mailing Address
200 SOUTH HARBOR CITY BLVD.	200 SOUTH HARBOR CITY BLVD.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE #3	SUITE#403

City & State	City & State
MELBOURNE FL	MELBOURNE FL

Zip	Country	Zip	Country
32901		32901	

4. FEI Number	Applied For
<b>59-3604556</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

CHANOWSKI BRONISLAW	
4287 WOODHALL CIR.	
VIERA FL	
32955 US	

**7. Name and Address of New Registered Agent**

Name
CHRZANOWSKI BRONISLAW
Street Address (P.O. Box Number is Not Acceptable)
4287 WOODHALL CIR.
City
VIERA FL
Zip Code
32955

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **BRONISLAW CHRZANOWSKI****03/29/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	CHRZANOWSKI BRONISLAW
CITY-ST-ZIP	4287 WOODHALL CIR.
	VIERA FL 32955
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TERRY JR NORMAN E		
STREET ADDRESS	2023 BLUE HERON DRIVE		
CITY-ST-ZIP	MELBOURNE FL 32940		
TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRZANOWSKI BRONISLAW		
STREET ADDRESS	4287 WOODHALL CIR.		
CITY-ST-ZIP	VIERA FL 32955		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: BRONISLAW CHRZANOWSKI****CEO****03/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)